Date: [Date]

Re: [Patient Full Name]
Date of Birth: [Patient Date of Birth]
Transition Date: [Effective Date of Transfer]

Dear [Receiving Provider Name or "Adult Mental Health Professional"],

I am writing to formally transition the psychiatric care of [Patient Name] from my pediatric practice to your adult services. [Patient Name] has been under my care since [Start Date] for the management of [Primary Diagnosis].

Clinical Summary:
[Brief history of psychiatric symptoms, hospitalizations, and treatment progress.]

Current Diagnoses:

- [Diagnosis 1 - ICD-10 Code]
- [Diagnosis 2 - ICD-10 Code]

Current Medications:

- [Medication Name, Dosage, Frequency]
- [Medication Name, Dosage, Frequency]

Relevant Medical History and Allergies:
[Note any co-occurring medical conditions or drug allergies.]

Safety Assessment:
[Current risk status and history of self-harm or suicidal ideation, if applicable.]

Psychosocial Status:
[Education/employment status, family support, and legal guardianship status if the patient is a protected adult.]

I have discussed this transition with the patient, and they have consented to the release of their medical records, which are attached to this letter. I have provided a final [Number]-month refill for their current medications to ensure continuity of care during this handoff.

Please contact my office at [Phone Number] or [Email] if you require further information.

Sincerely,

[Your Name, Title]
[Clinic/Organization Name]
[Phone Number]